## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                               |                                   |        |                      |                 |             |  |  |  |
|---|-----------------------------------|--------|----------------------|-----------------|-------------|--|--|--|
| 1 Da  | te of Request: 8/16/05 2 Ser      | ial/Pa | tent                 | # 09/941        | ,300        |  |  |  |
| 3 Please refund the following fee(s):                       |                                   | 4 PAI  | PER<br>IBER          | 5 DATE<br>FILED | 6 AMOUNT    |  |  |  |
|   | Filing                            |        |                      |                 | \$          |  |  |  |
|   | Amendment                         |        | . <u></u> .          |                 | \$          |  |  |  |
| X   | Extension of Time                 |        |                      | 6/1/05          | \$ 510      |  |  |  |
|   | Notice of Appeal/Appeal           |        |                      |                 | \$          |  |  |  |
|   | Petition                          |        |                      |                 | \$          |  |  |  |
|   | Issue                             |        |                      |                 | \$          |  |  |  |
|   | Cert of Correction/Terminal Disc. |        |                      |                 | \$          |  |  |  |
|   | Maintenance                       |        |                      |                 | \$ .        |  |  |  |
|   | Assignment                        |        |                      |                 | \$          |  |  |  |
|   | Other                             |        |                      |                 | \$          |  |  |  |
|   |                                   |        | TAL A                | AMOUNT<br>UND   | \$ 510      |  |  |  |
|   |                                   | в ТО   | 8 TO BE REFUNDED BY: |                 |             |  |  |  |
| 10 REASON:  |                                   | TX.    | Treasury Check       |                 |             |  |  |  |
|   | Overpayment                       | 1_     |                      | redit Dep       | osit A/C #: |  |  |  |
|   | Duplicate Payment                 |        | 9 /                  | <u> </u>        | 580         |  |  |  |
| X   | No Fee Due (Explanation):         |        |                      | •               |             |  |  |  |
| EXS   | t. not available                  |        |                      |                 |             |  |  |  |
|   |                                   |        |                      |                 |             |  |  |  |
|   |                                   |        |                      |                 |             |  |  |  |
| 11 REFUND REQUESTED BY:                                     |                                   |        |                      |                 |             |  |  |  |
| TYPED/PRINTED NAME: hence Achaughlin TITLE: 184 House Atty. |                                   |        |                      |                 |             |  |  |  |
| SIGNATURE: Senya Ucloughlin PHONE: 571-272-3222             |                                   |        |                      |                 |             |  |  |  |
| office: 1/5/th/gh).   |                                   |        |                      |                 |             |  |  |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE:  |                                   |        |                      |                 |             |  |  |  |
|   |                                   |        |                      |                 |             |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|--|---|---------------------------------------|---------------------------------------|----------------------------|--|--|--|--|
| PETITION   | FOR EXTENSION OF TIME UNDE                            | Docket Number (Optional)              |                                       |                            |  |  |  |  |
| (Fees )  | FY 2005 oursuant to the Consolidated Appropriations A | 094-27-001                            |                                       |                            |  |  |  |  |
| Application N  | lumber 09/941,525                                     | Filed AUGUST 29,                      | 2001                                  |                            |  |  |  |  |
| For COATED WIRE CLOTH FABRIC   |   |                                       |                                       |                            |  |  |  |  |
| Art Unit   | 3765  |                                       | Examiner JAMES G.                     | SMITH                      |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |                                       |                                       |                            |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |                                       |                                       |                            |  |  |  |  |
|  |   | <u>Fee</u>                            | Small Entity Fee                      | œ.                         |  |  |  |  |
|  | One month (37 CFR 1.17(a)(1))                         | \$120                                 | \$60                                  | \$                         |  |  |  |  |
|  | Two months (37 CFR 1.17(a)(2))                        | \$450·                                | \$225                                 | \$                         |  |  |  |  |
| · X  | Three months (37 CFR 1.17(a)(3))                      | \$1020                                | \$510                                 | \$ <u>510.00</u>           |  |  |  |  |
|  | Four months (37 CFR 1.17(a)(4))                       | \$1590                                | \$795                                 | \$                         |  |  |  |  |
|  | Five months (37 CFR 1.17(a)(5))                       | \$2160                                | <b>\$1080</b> .                       | \$                         |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.   |   |                                       |                                       |                            |  |  |  |  |
| X  A check in the amount of the fee is enclosed.   |   |                                       |                                       |                            |  |  |  |  |
| Payme  | nt by credit card. Form PTO-2038                      | s attached.                           |                                       |                            |  |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |                                       |                                       |                            |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 11–1580. I have enclosed a duplicate copy of this sheet.  |   |                                       |                                       |                            |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.  |   |                                       |                                       |                            |  |  |  |  |
|  |   |                                       |                                       |                            |  |  |  |  |
| I am the applicant/inventor.   |   |                                       |                                       |                            |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |   |                                       |                                       |                            |  |  |  |  |
| x attorney or agent of record. Registration Number 42,661  |   |                                       |                                       |                            |  |  |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  |   |                                       |                                       |                            |  |  |  |  |
|  | ONOR 1  |                                       | 6//                                   | 105                        |  |  |  |  |
| <del></del>  | Signature   |                                       | Páte                                  | 8                          |  |  |  |  |
|  | JAYE G. HEYBL   | · · · · · · · · · · · · · · · · · · · | (805) 373-0                           |                            |  |  |  |  |
|  | Typed or printed name                                 |                                       | Telephone                             | Number                     |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |   |                                       |                                       |                            |  |  |  |  |
| Total of forms are submitted.  |   |                                       |                                       |                            |  |  |  |  |
| This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to   |   |                                       |                                       |                            |  |  |  |  |
| complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |   |                                       |                                       |                            |  |  |  |  |

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

06/06/2005 MMEKONEN 00000029 09941525

02 FC:2253

510.00 OP

Adjustment date: 08/19/2005 AKELLEY 06/06/2005 MMEKONEN 00000029 09941525 02 FC:2253 -510.00 DP

Repln. Ref: 08/19/2005 AKELLEY 0015590200
DAM:111580 Name/Number:09941525
FC: 9204 \$510.00 CR